

EMPLOYMENT APPLICATION

SHORT TERM WORKER

Return this application to the
Region Office address
associated with the branch
offices where you wish to
work.

PERSONAL INFORMATION									
NAME (Last, First, Middle Initial)					ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE U. S.? <input type="checkbox"/> YES <input type="checkbox"/> NO				
ADDRESS (Street)					DATES YOU ARE AVAILABLE FOR EMPLOYMENT From: To:				
CITY			STATE		ZIP		HAVE YOU EVER WORKED FOR THE DEPT. OF STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PHONE (8AM-5PM) Area Code Number			HOME PHONE Area Code Number			OTHER STATE AGENCIES YOU HAVE WORKED FOR			
DRIVER LICENSE NUMBER					WHAT IS YOUR MOST RECENT TRAFFIC VIOLATION? WHEN?				
<i>PLEASE NOTE: Due to the nature of the work of the Department of State, criminal and driving records will be checked.</i>									
HAVE YOU EVER: YES NO IF YES, PLEASE EXPLAIN									
Had your driver license suspended or revoked?					<input type="checkbox"/> <input type="checkbox"/>				
Been discharged, asked to resign, or suspended by any employer?					<input type="checkbox"/> <input type="checkbox"/>				
Been convicted of any violations of the law other than minor traffic violations?					<input type="checkbox"/> <input type="checkbox"/>				
In the spaces below, please enter the 3-digit code for the location(s) of Department of State branch offices where you are willing to work. The codes are located on the instruction page, to the LEFT of each branch office location.									
EDUCATION									
Name and Address of School					Major		Credits	Degree	
High school/ GED	School Name								
	City, State								
College or University	School Name							<input type="checkbox"/> Associate	
	City, State							<input type="checkbox"/> Bachelor	
College or University	School Name							<input type="checkbox"/> Post Graduate	
	City, State							<input type="checkbox"/> Other	
Business/Trade School	School Name							<input type="checkbox"/> Associate	
	City, State							<input type="checkbox"/> Bachelor	
Business/Trade School	School Name							<input type="checkbox"/> Post Graduate	
	City, State							<input type="checkbox"/> Other	

EXPERIENCE					
PRESENT AND PAST EMPLOYERS		DATES OF EMPLOYMENT & SALARY	3-4 PRIMARY TASKS THAT OCCUPY MAJORITY OF YOUR WORK DAY (list most to least important)		REASON FOR LEAVING
Company Name City and State Phone Number Job Title		Dates of Employment From To Average Weekly Hours Salary			
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Company Name City and State Phone Number Job Title		Dates of Employment From To Average Weekly Hours Salary			
SPECIAL SKILLS					
Please describe your use of computers, software, and keyboarding skills. You may include computer experience gained at home or in a workplace setting. Indicate specific software applications you use and your proficiency level with each.					
PLEASE PROVIDE THREE WORK-RELATED REFERENCES WE HAVE YOUR PERMISSION TO CONTACT					
NAME	COMPANY	OCCUPATION	YRS KNOWN	PHONE	
CERTIFICATION					
By submitting this application and any attachments, I certify that all information provided is true and accurate, and contains no willful falsifications or misrepresentations. I understand that intentional falsifications or misrepresentations will disqualify me from consideration for employment with the State of Michigan; or, if hired, will be grounds for termination.					
Signature			Date		
All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment.					